

For Your Benefit

State of Michigan Employees

Summer 2004

This issue provides a variety of timely information related to your health care benefits and your health care needs.



Inside this issue – Focus on vision care:

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BCN members only: See your PCP for healthy eyes



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MI HR *puts you in charge of your records*

You'll know what's in your human resources records because you'll be responsible for putting it there with the new services of the State of Michigan's MI HR Program. MI HR gives state employees more access to their own information.

HR information avenues

MI HR provides information to employees using three information avenues: MI HR Self-Service, MI HR Information, and MI HR Service Center.

MI HR Self-Service is nothing new to state employees. You'll continue to have on-line access to your own records in order to update:

- Direct deposits
- Mailing address
- Home phone numbers
- E-mail addresses
- Emergency contacts
- Family status
- Beneficiaries
- Qualified parking
- SECC campaign
- Open enrollment

Through MI HR Self-Service, you can continue to get updated information and forms for:

- Insurance coverage
- Saving bonds
- Earning statements
- Leave balances
- Tax withholding (W-4s)
- Civil Service training record
- Flexible spending accounts
- Certifications/applicant pools

MI HR Information provides on-line access to customized HR data that's tailored for the individual employee. In essence, it's a knowledge-based, menu-driven information tool with a detailed benefits section. MI HR Information also provides assistance with payroll and human resource issues most employees have at some point in their state careers. You can log in to your MI HR Information from the MI HR Employee Self-Service Gateway page or choose the MI HR Information link when you log into MI HR self-service.

The **MI HR Service Center** completes the new information hub. It's a centralized customer support area where employees can call or visit for more HR information, and is especially convenient for those employees who don't have on-line access. The Center, located at 400 S. Pine in Lansing, has a core group of 30 trained customer service representatives to answer and resolve HR questions or problems. The center is open from 7 a.m. to 6 p.m. Monday through Friday. You can call the MI HR Service Center at 1-877-766-MIHR (6447). The MI HR Service Center also works through the Michigan Relay Center for employees who use TDDs or TTYs.

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See now to see later

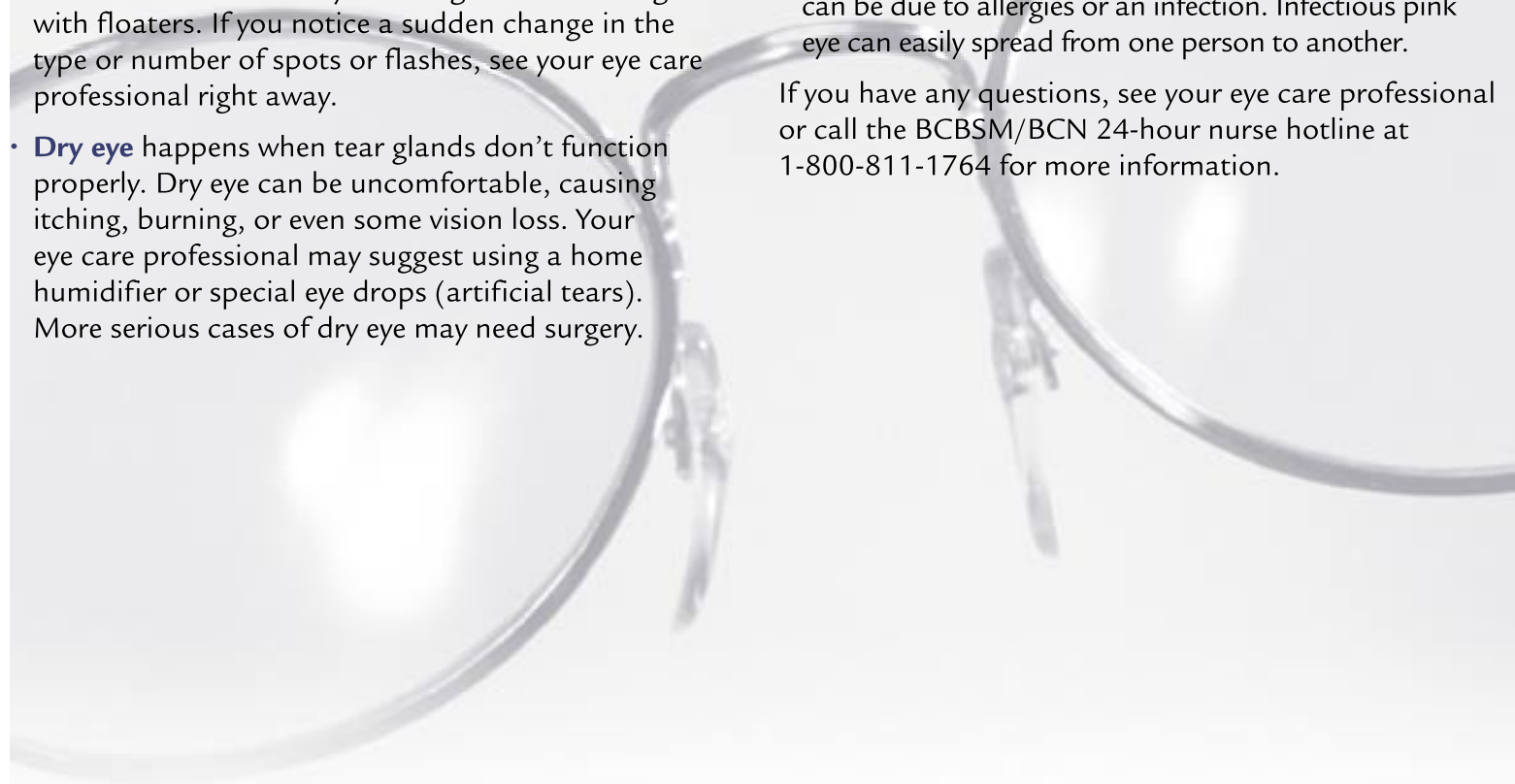
Age can bring changes that affect your eyesight. These changes may result in common eye complaints or more serious eye disorders and diseases. It is essential that you get regular eye exams. With early detection, many eye problems can be treated and your risk of vision loss reduced.

General eye complaints

The following eye complaints often happen with age. In most cases, they can be treated easily. Sometimes, they signal a more serious problem.

- **Presbyopia** is a slow loss of the ability to see close objects or small print. It is a normal process that happens as you get older. Signs include holding your reading materials at arm's length or getting headaches or tired eyes when you read or do other close work. Reading glasses can often fix the problem.
- **Floaters** are tiny spots or specks that seem to float across your eyes. You may notice them in well-lit rooms or outdoors on a bright day. Floaters can be normal. However, sometimes they are a sign of a more serious eye problem, such as retinal detachment. This often is the case if you see light flashes along with floaters. If you notice a sudden change in the type or number of spots or flashes, see your eye care professional right away.
- **Dry eye** happens when tear glands don't function properly. Dry eye can be uncomfortable, causing itching, burning, or even some vision loss. Your eye care professional may suggest using a home humidifier or special eye drops (artificial tears). More serious cases of dry eye may need surgery.
- **Tearing** (or having too many tears) can come from being sensitive to light, wind, or temperature changes. Tearing also can come from over-compensating for having dry eye. Protecting your eyes (by wearing sunglasses, for example) may solve the problem. Sometimes, tearing may mean a more serious eye problem, such as an infection or a blocked tear duct. Both conditions are treatable.
- **Corneal diseases and conditions** can cause redness, watery eyes, pain, reduced vision, or a halo effect. Disease, infection, injury, toxic agents, and other conditions can harm the cornea. Treatments include changing your eyeglass prescription, using eye drops or, in severe cases, having surgery, including corneal transplantation.
- **Eyelid problems** can come from different diseases or conditions. Common eyelid complaints include pain, itching, tearing, or being sensitive to light. Medications or surgery can treat eyelid problems.
- **Conjunctivitis** (also called pink eye) happens when the tissue that lines the eyelids and covers the cornea becomes inflamed. It can cause itching, burning, tearing, or a feeling that something is in your eye. Conjunctivitis can be due to allergies or an infection. Infectious pink eye can easily spread from one person to another.

If you have any questions, see your eye care professional or call the BCBSM/BCN 24-hour nurse hotline at 1-800-811-1764 for more information.



Make sunglasses part of your wardrobe

You know you should wear sunscreen when you go out in the sun to protect your skin. But did you know you need to wear sunglasses to protect your eyes? Sunglasses aren't just a chic accessory; they protect your eyes against the sun's damaging ultraviolet (UV) radiation.

UV can contribute to changes in the eye and a number of serious eye diseases. Cataracts, sunburned corneas and cancer of the eyelid are among those UV-related dangers.

Everyone is at risk for eye damage from the sun year-round. The risk is greatest from about 10 a.m. to 4 p.m. People who fish, farmers, beach-goers, and others who spend time in the sun for extended periods are at highest risk.

Good sunglasses are the key to protecting your eyes from UV damage. Your sunglasses should block 99 to 100 percent of the full UV spectrum. You can't tell by looking at them, so check the label. A pair of sunglasses may have a dark tint, but offer little or no UV protection. In fact, dark glasses with no UV protection can promote damage to the eye. Therefore, look for sunglasses that have labels detailing their UV protection.

Just because a pair of sunglasses costs a small fortune, it doesn't guarantee that it will protect your eyes. An inexpensive pair of sunglasses may offer more UV protection than those designer sunglasses.

You can enhance the protection offered by your sunglasses by wearing a wide-brimmed hat, which reduces the amount of UV on your face by about 50 percent.

Focus on quality shades

So what should you look for when you buy your next pair of shades? Follow these suggestions:

- Make sure the sunglasses block 99 to 100 percent of UV-A and UV-B rays. Check the label. The UV protection comes from a chemical coating applied to the lens surface, not the darkness of the lens. Don't forget that children need proper UV-protected sunglasses, too.



- The lenses should be dark enough to reduce glare, but not dark enough to distort colors and affect the recognition of traffic signals. Polarized sunglasses reduce glare from snow, water, highways, and other reflective surfaces. Consequently, wearers see better and squint less.
- The lenses must match in color and be free of distortion and imperfection. Test the optical quality of the lens by putting on the sunglasses and looking at a vertical edge or line. Move your head back and forth allowing your eyes to sweep across the lens. If there is a wiggle in the line, the lens may have an optical defect and you should choose another pair.
- Impact-resistant sunglasses resist breakage if you drop or mishandle them. In addition, these lenses have a coating that protects them against scratching.

So, when you go out, don't forget your sunscreen and your hat. Oh, and grab your shades. That way you can keep your vision and make a fashion statement at the same time.

Sunglasses continued on page 9

Don't lose sight with diabetes

If you have diabetes, you're at greater risk for eye disease. Studies show that diabetics are at greater risk for developing blindness due to retinopathy, glaucoma and cataracts. There are often no symptoms in the early stages of eye disease. This means there may not be pain or a change in vision until it is too late.

In the United States, diabetes is responsible for 8 percent of legal blindness, making it the leading cause of new cases of blindness in adults 20-74 years of age. Each year, 12,000 to 24,000 people lose their sight because of diabetes. With proper vision care, you don't have to be in that statistic.

Diabetic eye diseases

Retinopathy is the most common type of eye disease and a leading cause of blindness in American adults. It damages blood vessels in the retina and can lead to severe vision loss or blindness.

The longer a person has diabetes, the greater likelihood this eye disease will occur. Virtually all people who have had Type 1 diabetes for at least 20 years have some degree of diabetic retinopathy. Those who have had Type 2 diabetes for five to 10 years have about a 2-percent incidence rate, whereas the rate increases to more than 50 percent for those who have had Type 2 diabetes for more than 20 years. In fact, up to 21 percent of people with Type 2 diabetes have retinopathy when they are first diagnosed with diabetes.

While **glaucoma** affects many people who do not have diabetes, it is 40 percent more likely to occur in people with diabetes. When glaucoma is present, fluid builds up inside the eyes. The pressure from this fluid leads to optic nerve damage. Vision is lost gradually due to damage to the nerve and retina.

Cataracts, like glaucoma, are also common in people with diabetes. With cataracts, the clear lens of the eye clouds and blocks light. About 60 percent of people with diabetes develop cataracts.



Get a dilated eye exam

People with Type 1 diabetes should see their eye care professional annually for a dilated eye examination within five years after the onset of diabetes. Women with Type 1 who are pregnant should have a comprehensive eye examination in the first trimester and close follow-up throughout the pregnancy. People with Type 2 diabetes should see their eye care professional shortly after diagnosis of diabetes and annually thereafter.

Remember: A dilated eye examination for retinopathy is not always included in an eye exam for eyeglasses or contact lenses. Be sure to check with your eye care specialist to find out if you have had a dilated retinal examination this year.

Prevent eye problems before they start

Besides having a yearly dilated eye exam, there are other things you can do to try to avoid eye problems:

- Maintain good control of blood sugar levels (HbA1c less than 7 percent)
- Keep your blood pressure under control (less than 130/80 mmHg for adults)
- If you smoke, quit
- Call your primary care physician if you experience:
 - Blurred vision
 - Double vision
 - Pain in one or both eyes
 - Pressure in the eye
 - Spots or floaters

Optometrist or Ophthalmologist — Do You Know the Difference?

What's the difference between an optometrist and an ophthalmologist? Is there a difference? If so, when should you see an ophthalmologist rather than an optometrist?

First, there is a difference. Think of an optometrist as a primary care professional and an ophthalmologist as a specialist.

Optometrist – A vision care PCP

Optometrists (doctors of optometry) provide much of the vision care people need. An optometrist is a health care professional who is licensed to provide primary eye care services such as:

- Examining the inner and outer structure of the eye
- Examining and diagnosing eye diseases such as glaucoma, cataracts and retinal diseases
- Diagnosing related conditions such as hypertension and diabetes that may affect the eyes
- Examining, diagnosing and treating visual conditions such as nearsightedness, farsightedness and astigmatism

- Prescribing glasses, contact lenses, low-vision rehabilitation and medications as well as performing minor surgical procedures such as removing foreign bodies from the eye
- Using vision testing, vision training, vision therapy, eye exercises and prescribing corrective devices such as eyeglasses and contact lenses

Ophthalmologist – A vision care specialist

An ophthalmologist is an “eye M.D.,” a medical doctor who specializes in eye and vision care.

Ophthalmologists are trained to provide the full spectrum of eye care, from prescribing glasses and contact lenses to complex and delicate eye surgery. They may also be involved in eye research or receive additional training in:

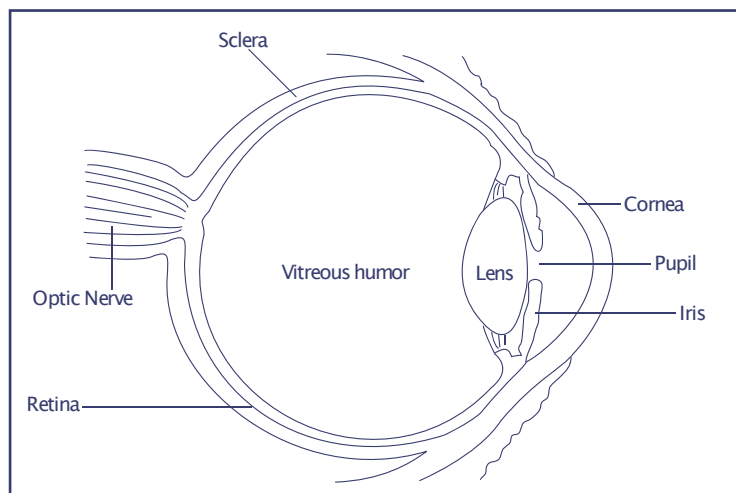
- **Cornea and external eye diseases**, including diagnosing and managing diseases of the cornea and eyelids. Training frequently includes corneal transplant surgery and corneal surgery to correct refractive errors.
- The treatment of **glaucoma** and other disorders that may cause optic nerve damage. This involves the medical and surgical treatment of both pediatric and adult patients.
- **Neuro-ophthalmology**, which is the relationship between diseases that affect the nerves and those that affect the eyes.
- **Ophthalmic pathology**, which is training in both ophthalmology and pathology. A pathologist is a doctor who identifies diseases by studying cells and tissues under a microscope. An ophthalmic pathologist examines tissue specimens from the eye and the related structures.



Optometrist or Ophthalmologist continued on page 10

Retinal disorders can silently fade vision

The human eye is like a camera. It is constantly taking pictures of the world around us and sending those reflections to our brain, which interprets them as an image. One of the major parts of the eye is the retina.



The retina is similar to film in a camera. It converts light into electrical impulses that travel along the optic nerve to the brain. When the retina is damaged by disorders, it cannot properly receive the light or transmit it to the brain. Hence, images are blurred, dim or don't exist.

Retinal disorders are a leading cause of blindness in the United States. Retinal disorders that affect aging eyes include retinal detachment, low vision, diabetic eye disease and age-related macular degeneration.

Retinal detachment happens when the inner and outer layers of the retina become separated. If you notice changes in floaters and/or light flashes in your eye, either all at once or over time, see your eye care professional at once. With surgery or laser treatment, doctors often can reattach the retina and bring back all or part of your eyesight.

Low vision means you cannot fix your eyesight with glasses, contact lenses, medicine or surgery. It can get in the way of your normal daily routine. You may have low vision if you:

- Have trouble seeing well enough to do everyday tasks such as reading, cooking or sewing

- Can't recognize the faces of friends or family
- Have trouble reading street signs
- Find that lights don't seem as bright as usual

If you have any of these problems, ask your eye care professional to test you for low vision. There are many things that can help you read, write and manage daily living tasks. Lighting can be adjusted to your needs.

You also can try prescription reading glasses, large print reading materials, magnifying aids, closed-circuit televisions, audio tapes, electronic reading machines and computers that use large print and speech.

Diabetic eye disease, known as diabetic retinopathy, a common complication of diabetes, happens when small blood vessels stop feeding the retina as they should. Laser surgery can help. (See the related article in this issue for more information on diabetic eye disease.)

Age-related macular degeneration (AMD) affects the part of the retina (the macula) that gives you sharp central vision. Over time, AMD can ruin the sharp vision you need to see objects clearly and to do common tasks such as driving and reading. In some cases, AMD can be treated with lasers to help reduce the risk of increased vision loss. Ask your eye care professional about recent research suggesting that some dietary supplements reduce the risk of AMD.

AMD Risk factors

While there are no known causes of macular degeneration, many studies have been performed that illustrate factors that may put you at risk for the disease. They include:

- **Age** — The greatest risk factor; the leading cause of vision loss in people over 60
- **Genetics** — You're three times as likely to develop AMD if you have a close relative who has the disease

Retinal Disorders continued on page 11

Don't let cataracts and glaucoma turn out the lights

Cataracts and glaucoma can lead to vision loss and blindness. We've outlined some facts on these common diseases. But remember, having regular eye exams is the best way to protect yourself. If your eye care professional finds a problem early, a lot can be done to keep your eyesight.

| Disease/Disorder | Risk Factors | How to reduce risks |
|---|--|---|
| Cataracts — Cloudy areas in the eye's lens. Cataracts keep light from easily passing through the lens. | <ul style="list-style-type: none"> • Aging • Sunlight exposure • Cigarette smoking • High cholesterol • Diabetes • Other eye conditions • Cortisone medication taken orally for a long time • Eye injury | <ul style="list-style-type: none"> • Control medical conditions that may be the cause • Add antioxidants (beta carotene and vitamins C and E) • Wear UV-protected sunglasses |
| Glaucoma — Too much fluid pressure inside the eye damages the optic nerve. | <ul style="list-style-type: none"> • Age • Family history • Being African- or Hispanic-American • Diabetes • Myopia | <ul style="list-style-type: none"> • Routine eye exams • Use prescribed medications |

Cataracts and Glaucoma

Myths or Facts

Cataracts and glaucoma are very misunderstood conditions. Take a look at some of the widely believed myths of these conditions and you'll know the facts.

| Myth | Fact |
|--|---|
| Cataracts can spread from one eye to the other. | Cataracts do not spread from one eye to the other, although they may develop in both eyes at the same time. |
| Cataracts can happen suddenly. | Cataracts usually develop gradually over many years. |
| Cataracts can lead to cancer. | Cataracts are not related to cancer. |
| Cataracts are more common with people who read and look at TV a lot. | Cataracts are not caused by overuse of the eye. |
| Cataracts result in permanent blindness. | Having a cataract does not mean that a person will be permanently blind. Surgery can restore a person's sight. |
| Glaucoma is a disease that only occurs in older people. | Everyone is at risk for glaucoma from babies to senior citizens. |
| Glaucoma is curable. | Glaucoma is not curable. However, it is manageable, with medication or surgery. It is a chronic disease that must be treated for life. |
| There are symptoms that will warn you of glaucoma. | There are no symptoms or pain as the pressure rises in the eye. Vision loss begins with peripheral or side vision, which can be compensated for (by turning the head to one side) and not noticed until significant vision is lost. |
| Glaucoma does not cause blindness. | Glaucoma can cause blindness if it is left untreated. Unfortunately about 10% of people with glaucoma who receive proper treatment still experience loss of vision. |

MI HR *continued from page 2*

MI HR *open for business*

MI HR previewed its services with the recent open enrollment period. Employees were able to make changes to their health care plan through the self-service Internet site. Employees were also able to contact the center with open enrollment questions. The State of Michigan will phase-in other MI HR functions by department and will complete the phase-in by the end of the year.

MI HR *answers your questions*

The culmination of a project that began in 2003 to optimize the state's human resources functions allows state employees to obtain basic HR data. You're encouraged to look on-line or call MI HR for answers to your HR questions.

To enable departmental HR offices to function more efficiently, routine HR transactions and duties will transfer to the center. Only state employees or a MI HR representative can make changes to an employee's human resource records.

MI HR is only for active state employees. Retired state employees should continue to call the Department of Civil Service Employee Benefits Division for any benefit issues.

Look for more information on MI HR in the next few weeks.

Sunglasses *continued from page 4*

Color *makes a difference*

While the tint of your sunglass lenses may be a personal choice, there are some advantages and benefits to the colors. For example:



| Color | Advantage | Benefit |
|----------------|--|--|
| Gray | Reduces the overall amount of brightness with the least amount of color distortion | Offers good protection against glare, good choice for driving and general use; great all-purpose tints |
| Yellow or gold | Reduces blue light (blue haze) while allowing more of other colors through; makes vision sharp and bright, but distorts actual color | Works well at night, in foggy conditions and other low light situations; inappropriate for activities that rely on accurate color; great for snow skiers |
| Amber or brown | Reduces glare and blue or violet haze, ¹ increases contrast and clarity, can distort colors similar to yellow lenses | Provides more protection against UV rays than other tints; a great general purpose tint |
| Green | Filters blue light and reduces glare | Offers highest contrast and greatest visual acuity of any tint |
| Rose | Filters blue and green light, while letting other colors through | Offers the best contrast of objects against a green or blue background. Good choice for hunting or water skiing |

¹ Near-UV light frequencies such as blue and violet can contribute to the formation of cataracts over time.



Tips for Vision Care

- ✗ Wear protective eyewear for hazardous activities at home, at work or in sports.
- ✗ DO NOT spend time in bright sunlight without wearing eye protection from ultraviolet radiation.
- ✗ View television at eye level 6-8 feet away from the screen. DO NOT watch television in a dark room or while lying on the floor.
- ✗ DO NOT operate a computer in a brightly lit room.
- ✗ Take a few minutes' break frequently while reading, working on a computer, or playing video games
- ✗ DO NOT ignore signs of vision problems and put off having your eyes examined as recommended.

Optometrist or Ophthalmologist

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- **Ophthalmic plastic surgery**, including eye socket surgery, lid and upper facial reconstructive procedures following a trauma, and tumors and cosmetic lid surgery. Oculoplastic surgeons combine ophthalmic surgery with plastic surgery and are trained in the use of radiotherapy, chemotherapy and chemosurgery to treat ocular and orbital disease.
- **Pediatric ophthalmology**, which is the medical and surgical management of genetic and developmental abnormalities in children. It includes a wide range of inflammatory, traumatic and neoplastic conditions occurring in the first two decades of life.
- The medical and surgical treatment of **retinal and vitreoretinal¹ disease** including age-related macular degeneration, diabetic retinopathy, macular diseases and retinal detachment.

Whether you go to an optometrist or an ophthalmologist depends on the nature of your vision care needs. With yearly eye exams, either professional can help you see a bright tomorrow.

When should you see an ophthalmologist?

Even if you have not experienced eye problems in the past, you should see an ophthalmologist if:

- ✓ You have a change in vision in one or both eyes, such as blurring, double vision, blind spots, flashing lights or floaters
- ✓ Your eyes hurt
- ✓ Your eyes are irritated or itch
- ✓ There is a discharge or the sensation of a foreign body in your eyes
- ✓ You have had recurrent conjunctivitis or red eyes
- ✓ Your eyes feel dry or are always tearing
- ✓ You are currently taking oral steroids for any other condition
- ✓ You have a growth on the eyelid or the eyelid is incorrectly positioned
- ✓ You are diabetic

¹ The clear colorless transparent jelly that fills the eyeball behind the lens.

For BCN members only:



BCN covers a number of services that help keep your eyes (and the rest of your body) healthy. These services, that are recommended, prescribed or referred by your primary care physician, include:

- **A yearly physical examination**, including laboratory tests for blood lipids (fats), blood cholesterol and kidney function
- **A yearly eye examination for retinopathy.** This is not the same as an eye exam for eyeglasses.
- **Hemoglobin A1c (HbA1c) blood glucose (sugar) tests** at least twice a year
- **Blood glucose meters, test strips and lancets from an approved supplier.** For help finding a supplier, BCN members can call Northwood at 1-800-667-8496.
- **Diabetes education.** Call the BCN Disease Management department at 1-800-392-4247. Copays may apply. Please refer to your Schedule of Benefits for details.

Learn more about BCN's Disease Management Program in the next issue.

Retinal disorders

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- **Gender** — Women have a greater chance of developing the disease
- **Race** — It's more prevalent among Caucasians
- **Light eye color** — More damage can result from the sun's ultraviolet (UV) light due to less protective eye pigment
- **Unprotected exposure to sunlight** — UV light can damage retinal cells
- **High cholesterol** — Blocks retinal arteries
- **Hypertension** — It decreases blood vessel elasticity, including those in the retina; vessels are more easily ruptured
- **Smoking** — Smokers as well as those exposed to second-hand smoke have an increased risk
- **Poor nutrition** — High-fat, high-sugar diets, diets low in fruits and vegetables and nutritional deficiencies in fruits and vegetables and nutritional deficiencies can cause abnormalities in the structure and function of the eye's membranes and blood vessels
- **Obesity** — It's often associated with diabetes and hypertension
- **Sedentary lifestyle** — This can lead to poor circulation, including reduced circulation of blood to the retina

To reduce the risk of AMD

You can lessen the risk of developing macular degeneration by reducing the risk factors within your control, such as smoking and high blood pressure.

Less than perfect vision does not have to hamper your lifestyle. By having regular eye exams you will be doing your part to take care of your eyes.

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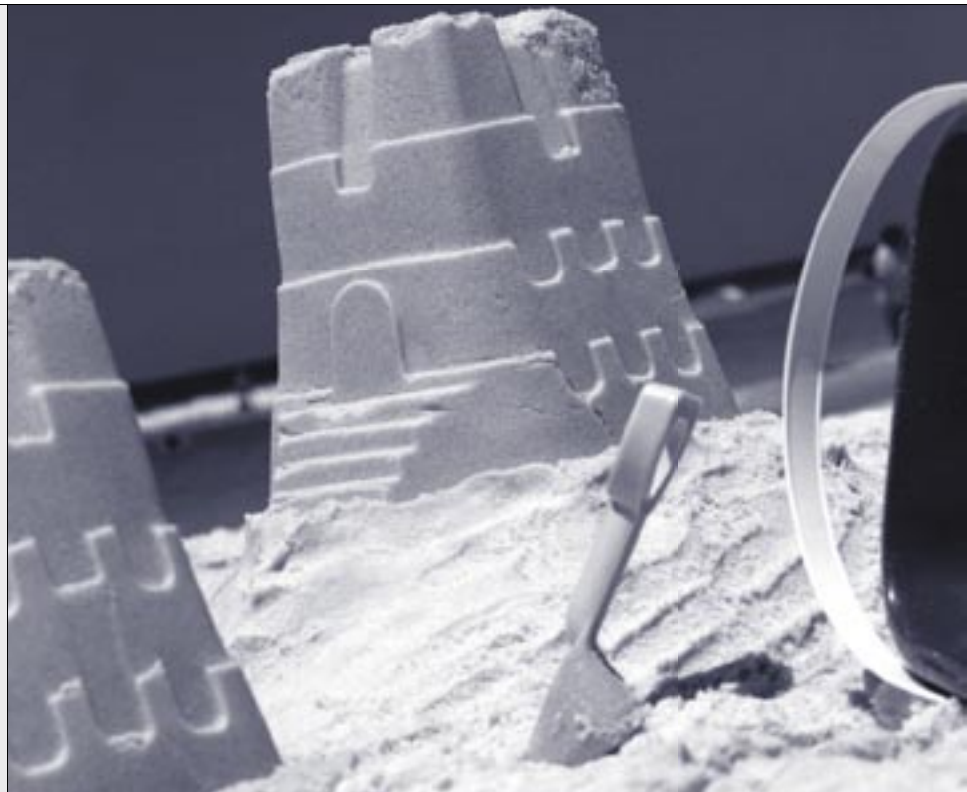
1-800-843-4876

Our customer service representatives are
available from 8:30 a.m. to 4:45 p.m.
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